SECTION I: EVENT INFORMATION

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SANCTION:		
VENUE ADDRESS: COO/RIN PHYSICIAN(S):	NG SUPERVISOR:	
SECTION II: PARTICIPAN	IT INFORMATION	
PERSON NAME: HOW WAS THIS PERSON INVOLVED? RED BLUE NEUTRAL BOXER BOXER OFFICIAL COACH COACH OTHER:		
ITEMS COLLECTED:		
BOXING GLOVES COLLECTED BY:	WERE BOTH GLOVES COLLECTED? IF NOT, WHICH GLOVE WAS COLLECTED? WERE/WAS THE GLOVE(S) PREPARED AS INSTRUCTED IN THE EMERGENCY ACTION PLAN?	YES NO LEFT RIGHT
HEADGEAR COLLECTED BY:	WAS THE HEADGEAR PREPARED, AS INSTRUCTED IN THE EMERGENCY ACTION PLAN?	YES NO
HAND WRAPS COLLECTED BY: DATE COLLECTED:	WERE BOTH HAND WRAPS COLLECTED? IF NOT, WHICH HAND WRAP WAS COLLECTED? WERE/WAS THE WRAP(S) PREPARED AS INSTRUCTED IN THE EMERGENCY ACTION PLAN?	YES NO LEFT RIGHT YES NO

MOUTHPIECE COLLECTED BY: DATE COLLECTED:	NAME	WAS THE MOUTHPIECE COLLECTED? WAS THE MOUTHPIECE PREPARED AS INSTRUCTED IN EMERGENCY ACTION PLAN	YES NO
PASSBOOK COLLECTED BY: DATE COLLECTED:	NAME	WAS THE PASSBOOK COLLECTED?	YES NO
MISCELLANEOUS COLLECTED BY: DATE COLLECTED: ITEM COLLECTED:			
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